

ANNUAL LEAVE-SICK LEAVE/VACATION ELECTION FORM

Employee Name _____

Employee Identification Number/Social Security Number (last four digits) _____

Department/Location _____

Unit Number _____ Work Phone Number _____

EMPLOYEES NOT COVERED BY SEIU BARGAINING UNITS

I elect to participate in the following leave program effective the first day of the pay period this election is received by my personnel office.

☐ Annual Leave

☐ Sick Leave/Vacation

I understand I may change from Annual Leave to Sick Leave/Vacation or visa versa no more than once every 24 months.

EMPLOYEES IN SEIU BARGAINING UNITS

☐ Annual Leave

☐ Sick Leave/Vacation

I understand I may change from Annual Leave to Sick Leave/Vacation or visa versa annually during an open enrollment period during the month of April. The effective date of the election shall be the first day of the June pay period.

ALL EMPLOYEES

I understand the accrual rate and usage provisions differ in the Annual Leave and Sick Leave/Vacation Programs. Further, if I am a current employee, I understand when I change from one program to another, all provisions of the program I enter apply upon the effective date. However, the annual leave, sick leave, or vacation balances I have on the effective date of the new program will continue to be available to me to use. If I have a sick leave balance upon retirement, I may convert it to PERS service credit according to Government Code section 20963.

I make this election freely and voluntarily.

Signature _____ Date _____

Note: New Employees: If this election form is not returned to the Personnel Office, it will be deemed an election for the sick leave/vacation program.

FOR PERSONNEL OFFICE USE ONLY	
After processing election, place in employee's personnel file.	
Date Election Received:	Received By:
Effective Date:	Date Eligible to Change:

Privacy Notice

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the State Controller's Office and the plan administrator for the purposes of identification and document processing.

It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in enrollment elections not being processed or being processed incorrectly.

Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.